

Children's Mental Health Bureau  
Supplemental Services Program (SSP)  
**ATTESTATION**

**Identifying Information:**

\_\_\_\_\_  
Last Name                                      First Name                                      Birth Date                                      Social Security #

**Part A: Family Income**

**(1.) Employment:**

**Fill out the income tables below.** Use this income list to estimate your household income. List all income currently received or expected for the next 12 months.

List all family members who work. List full time, part-time, seasonal, and temporary jobs, tips, commissions received or expected. <i>Please be specific.</i> If hours/pay vary, give a range (example, 20-30 hours a week). <b>Include current or seasonal unemployment received or expected under the Other Income section (3).</b>							
First name of income earner	Name of Employer	Start Date	Average Hours worked per week	Pay or wages per hour	If you earn tips, average tips earned per week	If this job is seasonal, weeks or months worked per year	Calculate Annual income

**(2.) Self-Employment and Rental Income and Expenses:**

**Self-Employment** means you are your own boss. List business income and expenses received or expected or attach a copy of your 1040 tax form, including the schedules.

First name of income earner	Name of Employer	Start Date	Yearly income before expenses	Yearly Depreciation expense (if any)	All other yearly business expenses	Calculate Annual income

(3) Other Income:

List income received or expected by all family members, including children. (See table below.) If income varies, please provide a range (for example, \$100 to \$500 weekly or 3 to 6 payments yearly of an estimated amount).

First name of income earner	Type of income	Amount Received	How often is this amount received	Calculate Annual Income

**Other Income** – Includes but is not limited to:

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Social Security Disability or Retirement (monthly amount you receive plus the Medicare premium)</li> <li>• Social Security Survivor's Benefits</li> <li>• <b>Supplemental Security Income (SSI)</b></li> <li>• Veteran's benefits</li> <li>• Military Allotments</li> <li>• Pensions, retirements or 401K income</li> <li>• Railroad retirement or disability</li> <li>• <b>Temporary Assistance to Needy Families (TANF)</b></li> </ul> | <ul style="list-style-type: none"> <li>• Child support and alimony</li> <li>• Unemployment insurance</li> <li>• Worker's Compensation</li> <li>• Interest, dividend or CD income</li> <li>• <b>Subsidized adoption payments</b></li> <li>• Government payments on land</li> <li>• Royalties or leases (mineral, grazing, etc.)</li> <li>• Gifts</li> </ul> |
|---|--|

(4) Adjusted Countable Income:

	Total Amount
Total Family Income (sections 1, 2, and 3)	\$
Deduct \$1,440 for each employed person (maximum \$2,880 per year)	\$
Subtotal	\$
Deduct \$200/month for each child for who you pay childcare (maximum \$2,400 annual amount)	\$
Total Adjusted COUNTABLE Income	\$

\*Use Adjusted Countable Income when determining poverty level.

### Part B: Family Size

List family members living in the household (including youth applying for SSP).

☐ Yourself      ☐ Your spouse      ☐ Your Children      ☐ Children's other parent

Name – first, middle initial, last	What is this person's relationship to youth	Date of Birth (Mo/Date/Yr)	Age	Gender M or F	Is this person in K-12 School (Y or N)	Is this person in college (Y or N)
	Youth					
Total number who count as family members for determining family size						

**Part C: Family Income Eligibility Information**

Family Size (determined from Part B): \_\_\_\_\_  
Countable Income (determined from Part A, section 4): \_\_\_\_\_  
Federal Poverty Level (FPL) allowed for family size: \_\_\_\_\_

**2013 POVERTY GUIDELINES**  
**ANNUAL**

Size of family	185%	250%	300%	400%
1	21,256.56	28,725.00	34,470.00	45,960.00
2	28,693.56	38,775.00	46,530.00	62,040.00
3	36,130.56	48,825.00	58,590.00	78,120.00
4	43,567.56	58,875.00	70,650.00	94,200.00
5	51,004.56	68,925.00	82,710.00	110,280.00
6	58,441.56	78,975.00	94,770.00	126,360.00
7	65,878.56	89,025.00	106,830.00	142,440.00
8	73,315.56	99,075.00	118,890.00	158,520.00
Over 8 add per child	7,437.00	10,050.00	12,060.00	16,080.00

0-185%	186-250%	251-300%	301-400%	over 400%
100%	95%	85%	80%	0%

Table above is the % of funding provided by CMHB Room and Board Account  
(after youth's SSI, adoption, guardianship subsidy)

I \_\_\_\_\_ attest that I am the custodian of the youth listed. I  
further attest that the information I have provided is correct and accurate to the best of  
my knowledge.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date